

COMMUNITY BEHAVIORAL HEALTH

Department of
Social
Services

COMMUNITY BEHAVIORAL HEALTH SERVICES

■ State Funded Substance Abuse Services

- Providers must be accredited or granted deemed status
 - Individual practitioners must be licensed or certified substance abuse counselors

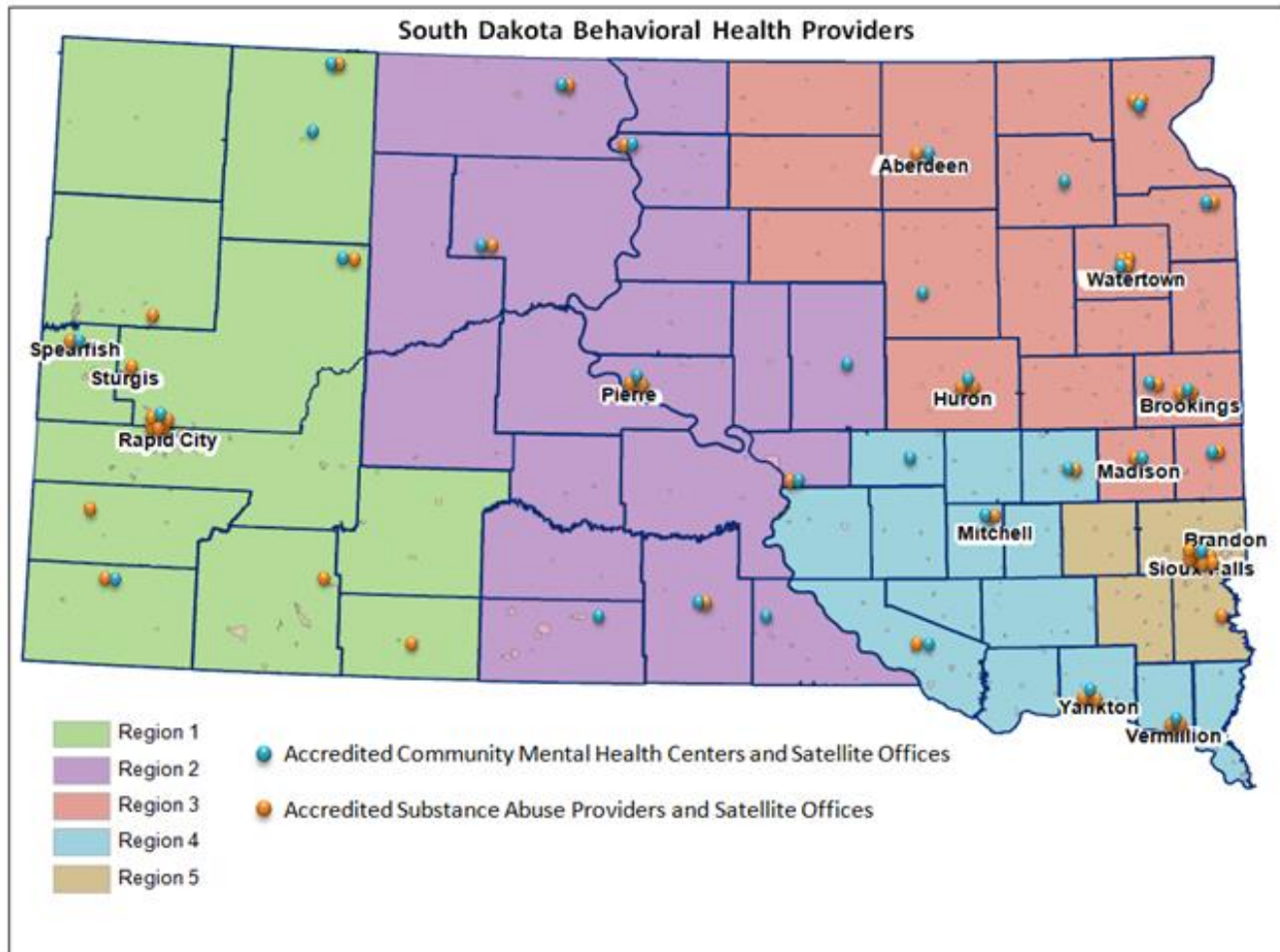
■ State Funded Mental Health Services

- Accredited community mental health centers
 - Individual practitioners must operate within their scope of practice and must be or be supervised by a licensed mental health professional with at least two years clinical experience
- Private independent practitioners
 - Must be a psychologist, a licensed professional counselor-mental health, a clinical nurse specialist, or a certified social worker-private independent practice

SUBSTANCE ABUSE SERVICES

- **39 Accredited Substance Abuse Providers**
 - Services to over 11,000 individuals annually
 - Services include crisis intervention, assessments, individual and group counseling, day treatment, outpatient treatment, residential and inpatient treatment

STATEWIDE ACCREDITED PROVIDERS



SUBSTANCE ABUSE SERVICES

- **Outpatient Services** – early intervention, assessment services, individual and group counseling for adults and adolescents
- **Day Treatment** - Clinically intensive program that generally provides structure and 24 hour support in a supervised living situation
- **Residential services** – Services in a residential setting that allow residents to maintain employment and community supports while residing in a sober living environment
- **Inpatient Services** – provide a structured intensive treatment program

MEDICAID REIMBURSEMENT FOR SUBSTANCE ABUSE SERVICES

- Must enroll as a Medicaid provider
<http://dss.sd.gov/medicaid/providers/>
- Must be accredited by the Division of Behavioral Health (includes deemed status)
- South Dakota Medicaid reimburses substance abuse services for pregnant women and adolescents
- Covered Medicaid services for pregnant women and adolescents include:
 - Assessments
 - Crisis Intervention
 - Outpatient Treatment
 - Intensive Outpatient
 - Day Treatment
 - Intensive Inpatient Treatment
 - Short Term Relapse Treatment
 - Low Intensity Residential Treatment for Adolescents

BEHAVIORAL HEALTH ACCREDITATION

- Division of Behavioral Health Accredits Community Mental Health Centers and Substance Abuse Providers (Administrative Rule of SD 46:05 and 46:20)
- In lieu of meeting accreditation requirements, SDCL 34-20A-2(1) provides alternate options for accreditation through deemed status:
 - The Joint Commission (formerly The Joint Commission on Accreditation of Healthcare Organizations or JCAHO)
 - An Indian Health Service's quality assurance review under the Indian Health Service Manual, Professional Standards – Alcohol/Substance Abuse
 - The Commission on Accreditation of Rehabilitation Facilities (CARF)
 - The Council on Accreditation (COA)

DEEMED STATUS ACCREDITATION

■ Deemed Status Providers:

- Oglala Sioux Tribe (outpatient & inpatient services) - Indian Health Services
- Avera McKennan (outpatient services) - Joint Commission
- Wellspring (PRTF) - Joint Commission
- Keystone Treatment Center (outpatient & inpatient services) - CARF
- Our Home Inc. Rediscovery (PRTF) - CARF
- Sioux Falls Treatment Center (outpatient services) - CARF
- Volunteers of America, Dakotas (PRTF) - Council on Accreditation

DEEMED STATUS ACCREDITATION - INDIAN HEALTH SERVICE

Items for deemed status accreditation through the IHS quality assurance review include:

- A copy of the 638 contract with Indian Health Services;
- A signed letter from the Tribal Chairman requesting the Division of Behavioral Health grant deemed status to the agency;
- A letter from the Program Director which provides the following information:
 - A statement describing the American Society of Addiction Medicine (ASAM) levels that the Program intends to utilize;
 - A statement that the Program will utilize ASAM criteria for admissions, treatment, continued care and discharges; and
 - A statement that the Program will provide client admission and discharge data as required by the Federal Government.
- A copy of the most recent quality assurance review report by Indian Health Service with a copy of the corrective action plan submitted in response and a letter from Indian Health Service indicating the plan is accepted and approved.

ARSD 67:54:08:12 outlines requirements to recognize a Tribal Program as a participating Medicaid provider which are similar to the above but must also include documentation that the program has met the minimum national or applicable state or tribal standards and the signed Medicaid provider agreement.

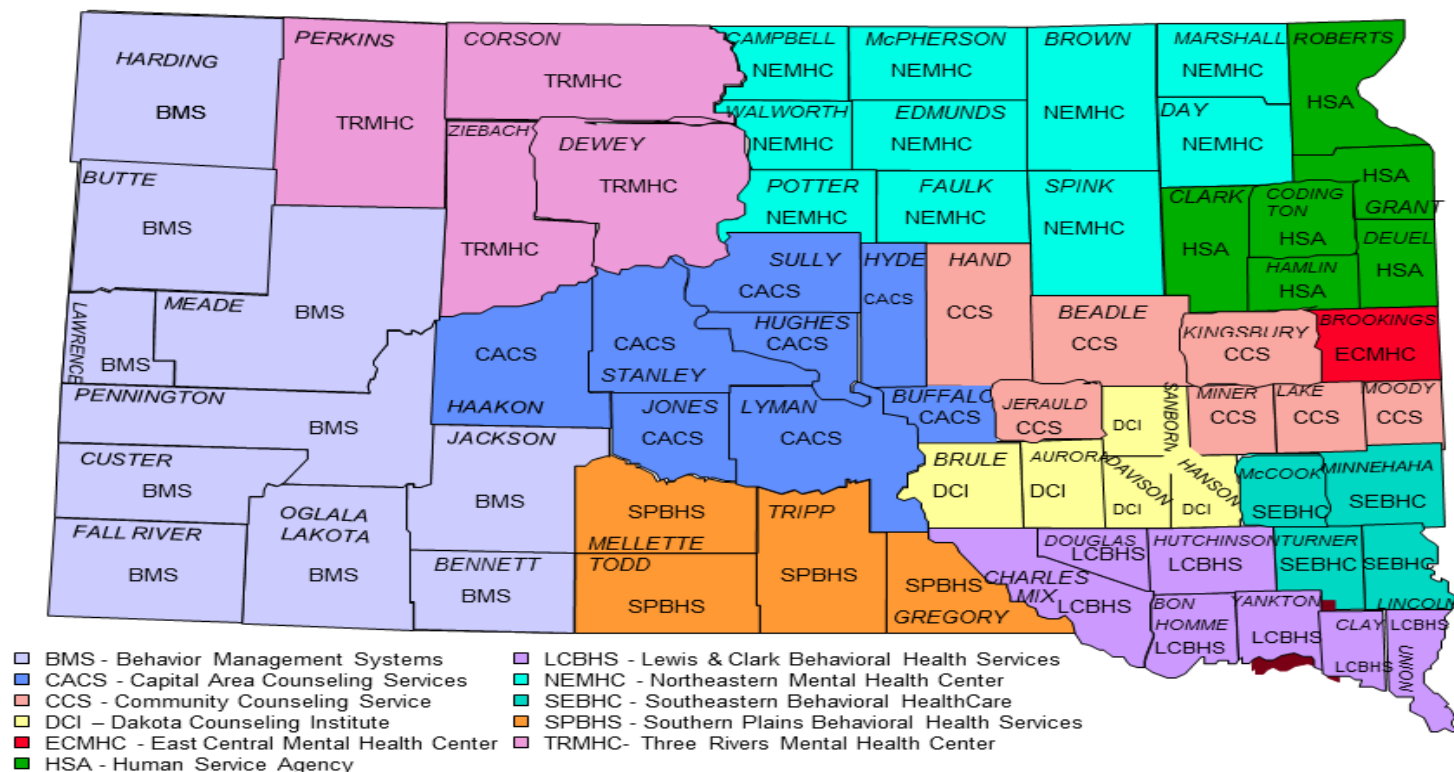
MENTAL HEALTH SERVICES

- **11 Community Mental Health Centers (CMHCs)**
 - Services to over 18,000 individuals annually
 - Services include psychiatry, medication management, case management, individual and group therapy
- **Medicaid State Plan Services (FY15)**
 - Psychology – 2,450
 - Other mental health – 3,931
 - Psychiatry – 4,697

COMMUNITY MENTAL HEALTH CENTERS

■ 11 Community Mental Health Centers

South Dakota Mental Health Center Service Areas



COMMUNITY MENTAL HEALTH CENTER MODEL

- **Community Mental Health Centers**
 - Originally created by Congress in 1963 to serve all members of the community, regardless of their ability to pay, creating a “mental health safety net”
 - Must provide services across the lifespan, including specialized services for children with serious emotional disturbance, individuals with serious mental illness, elderly individuals, and clients of its mental health service area who have been discharged from an inpatient mental health facility
 - Must provide emergency services/crisis intervention
 - Must serve a defined geographic catchment area

COMMUNITY MENTAL HEALTH CENTER SERVICES

- **Outpatient Services** – mental health services provided to individuals who do not meet full serious emotional disturbance (SED) or serious mental illness(SMI) criteria
- **CYF Services** – comprehensive, community based services provided to children under the age of 18 who meet SED criteria
- **Comprehensive Assistance with Recovery and Empowerment (CARE)**
– person-centered, recovery-focused services providing medically necessary related mental health treatment, rehabilitative, and support services to adults meeting SMI criteria
- **Individualized Mobile Programs of Assertive Community Treatment (IMPACT)**- highest level of outpatient treatment for adults meeting SMI criteria who can't be served in less restrictive services

HEALTH HOMES

- Established through the Affordable Care Act, Medicaid Health Homes provide enhanced health care services to individuals with high-cost chronic conditions or serious mental illness to improve health outcomes and reduce costs related to uncoordinated care.
- Program began in August 2013
- There are two types of Health Homes in South Dakota
 - Primary Care - 102
 - Behavioral Health – 11 Community Mental Health Centers

HEALTH HOME ELIGIBILITY

- Medicaid recipients who have...
 - Two or more chronic conditions OR one chronic and at risk for another (Defined separately):
 - **Chronic conditions include:** Mental illness, substance abuse, asthma, COPD, diabetes, heart disease, hypertension, obesity, musculoskeletal, and neck and back disorders
 - **At risk conditions include:** Pre-diabetes, tobacco use, cancer, hypercholesterolemia, depression, and use of multiple medications (6 or more classes of drugs)
 - One severe mental illness or emotional disturbance
- 83% of the 5% highest cost, highest risk group are eligible for Health Homes

HEALTH HOME SERVICES

Core Services

- Comprehensive Care Management
 - Includes ensuring all physical and behavioral health issues are incorporated into the comprehensive treatment plan
- Care Coordination
 - In the CMHC model, care coordination is usually the existing caseworker for the recipient or an RN who works with all of the caseworkers to complete care coordination
 - For CMHCs this can also include accompanying the recipient to appointments with the primary care provider to help the individual establish a strong relationship with their primary care provider
 - For CMHCs, this is also ensuring that a referral is done to the primary care provider who is on the recipient's Health Home team. The primary care provider then takes the responsibility for helping to ensure the physical needs of the recipient are met
- Health Promotion
- Comprehensive Transitional Care After Hospitalizations
- Patient and Family Support
- Referral to community and support services

■ Questions?